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Worldwide Report

EPIDEMIOLOGY

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BRIEFS

CHOLERA IN SANDWIP--CHITTAGONG Dce. 13: One hundred and 30 persons including children and women died of cholera and other intestinal diseases in Sandwip upazila alone in last six weeks. Moreover 100 others have been ailing from the diseases without proper treatment. Among the victims 30 died only in last three days in two unions of the upazila. The affected unions are baddi and Haramia. The local health complex have been run without proper medicines while dwellers going without pure drinking water as most of the tubewells remain out of order. [Text] [Dhaka THE NEW NATION in English 15 Dec 83 p 2]

RAJSHAHI DIARRHEA CASES--RAJSHAHI, Dec 12: One hundred and 49 persons died of diarrhoea and gastrointestinal diseases in 32 upazilas of this district during the period from November 5 to December 8. Meanwhile, 1905 persons had been attacked with the diseases during the said period. When contacted the Civil Surgeon of Rajshahi confirmed the above figures of death and attack. Fiftytwo persons including 30 children had been admitted to Rajshahi Medical College Hospital with diarrhoea in last three days, according to a hospital sourc. In Godagari Upazila, eight persons died on December 8, a Sursumee Para and Sundarpur. The worst affected upaxilas were Mohadebpur, Patnitola, Niamatpur, Atrai, Puthia, Volahat, Paba, Lalpur and Godagari. The Civil Surgeon said that all sorts of necessary measures had already been taken to control the outbreak of the diseases. He added that drinking of impure water and unhealthy environment were the main causes of the spread of the said diseases. However, he maintained that diarrhoea and gastrointestinal diseases had broken out in different upazilas and outskirts of Rajshahi town in sporadic form. Four mobile medical teams were working round the clock to check the spread of the diseases. Besides, two of three medical teams of each upazila health complex were engaged in the same task. [Text] [Dhaka THE NEW NATION in English 13 Dec 83 pp 1, 8]

CHOLERA, DIARRHEA REPORTS--PRIDPUR, Dec 9: More 23 persons died of Diarrhoea in 8 upazilas of Faridpur district during first six days of December. During the aforesaid period 285 persons were attacked with Diarrhoea and other gastrointestinal diseases in the district. The upazila-wise breakups of death by Diarrhoea are Sadarpur 1, Nakarkanda 5, Madaripur 2, Kalkini 2, Rajoir 5, Palong 4, Damudda 1 and Kolwali 3. Nonavailability of pure drinking water and malnutrition are the main cause of the outbreak of disease, a health official told. It may be mentioned here that during the last month November 336 persons died of diarrhoea in the district. Our Correspondent writes from

Pirojpur thana under the subdivision during the last seven days. The worst affected upazila is Swarupkati. No medical team has yet reached at the affected areas, it is alleged. Our Madaripur Correspondent adds: Nineteen persons died of Cholera and 60 others were attacked by the disease in Shibchar upazila of Madaripur subdivision during the last 10 days. The affected villages are Madbarerchar, Bakharerkandi, Dakshin Charjanat, Bhandari, Jalalpur, Bajitpur, Shinkirchar, Salanana, Sekpur, Snllakhichar and Khatalbari. [Text] [Dhaka THE NEW NATION in English 12 Dec 83 p 2]

CSO: 5400/7065

MOSQUITO INVASION TAXES RESOURCES OF PUBLIC HEALTH SERVICE

Georgetown GUYANA CHRONICLE in English 17 Nov 83 p 8

[Text]

A SHORTAGE of crude oil and spraying equipment, together with bushy yards, and stagnant drains, has led to mosquito invasion in Georgetown.

But the City Council, through the Public Health Department [PHD] says that it is working to reduce the mosquito menace before the start of the rainy season next month.

A spokesman said yesterday that the monthly quota of crude oil has been reduced from 15 to 10 drums per month. And coupled with a shortage of spraying cans and staff, the department has not been getting the kind of co-operation it expects from the public particularly businessmen.

The problem with businessmen, the spokesman said, has to do with indiscriminate dumping of stuff in drains, blocking them and providing ideal breeding grounds for mosquitoes. The drains are cleaned by the Council once per week, a Public Health officer told the Chronicle yesterday.

And in the Kitty, Campbellville and surrounding areas where septic tanks are used, pit chambers are malfunctioning, and here too mosquitoes breed. PHD personnel are willing to offer advice as to their proper usage.

"We have visited yards where there are old tyres, milk cans and coconut shells. Our inspectors have made many court charges but the delay in handling these cases by magistrates is frustrating.

The department will conduct spraying exercises in Campbellville and Kitty areas next week. Residents of these districts have reported an unusually heavy invasion by mosquitoes within the last three weeks.

Meanwhile, mosquito coils are being blackmarketed at two for $1.00 and some residents have complained about the quality of the coils. They are no longer effective, they say.

And the price of nets, has doubled within recent months. Nets cannot be had now for less than $65.

CSO: 5400/7520

MONEY-SAVING DUTCH VACCINE FOR HEPATITIS UNDER STUDY

Hong Kong SOUTH CHINA MORNING POST in English 4 Dec 83 p 1

[Article by Vicky Wong]

[Excerpts] Hongkong could save millions of dollars on mass immunisation programmes agains' hepatitis B--if positive results are obtained from a University of Hongkong study on the use of a cheap vaccine to combat the infection.

But the ethics of the study, which is expected to produce important data on the management and prevention of hepatitis B infection, have been questioned.

The controversy centres on the fact that no treatment was initially given to some infants who were at high risk of contracting the infection, in order to compare their progress with vaccinated babies.

Sunday Post investigations also show that the study is being conducted without compliance with provisions laid down under the Pharmacy and Poisons Ordinance.

However, positive results of the study--which are highly likely--would benefit not only millions of people in Hongkong but hundreds of millions more worldwide.

Such results could help to make the prevention of hepatitis B a possibility for those who cannot afford the currently available--and expensive--vaccines against this insidious infection.

The study is being done by University of Hongkong researchers using a vaccine made by the Netherlands Red Cross Blood Transfusion Service.

If the study comes up with positive results, the Dutch manufacturers, a non-profit making organisation, are also willing to supply us with further batches of vaccine--to be charged at cost price--under a co-operative arrangement.

The co-operation is needed since these vaccines have to be made from human blood infected with hepatitis B--which is in short supply in the Netherlands but which should be plentiful here, given the high rate of infection among locals.

It is understood that the Dutch suppliers are willing to make the vaccines in the quantities needed for Hongkong, in return for us supplying them with the blood needed.

Under such an arrangement, Hongkong would need only pay about US$20 (HK$156) for a full course of three doses of the vaccine, at current estimates.

The comparative cost for the two licensed vaccines available in Hongkong is HK$750 and HK$540.

For countries poorer than Hongkong where hepatitis B is a major health problem, the cost savings could be even more important.

It could well mean the difference between being able to afford a mass immunisation programme or having to do without.

But whether Hongkong or other countries contemplating mass immunisation programmes against hepatitis B will decide to use the Dutch vaccine remains an open question.

One problem is that the Dutch vaccine is still not commercially available and may not be for some time.

Moreover, any country signing up with the Dutch manufacturers will probably have to undertake to supply the blood needed for vaccine production, a condition which could present difficulties.

University of Hongkong researchers say the Dutch Red Cross is currently studying ways to manufacture these newer-generation vaccines.

The University of Hongkong study--which started in 1981--is not expected to be finished until the end of next year.

CSO: 5400/7519

BRIEFS

NEW CASES OF MALARIA--Another seven cases of malaria were reported yesterday, bringing the number of locally contracted cases to 21. Confirming this last night, a spokesman for the Medical and Health Department said the seven victims were residents of Sai Kung and areas near the Chinese border. While the spokesman stressed there was no need for alarm, it was expected that the number of malaria cases would continue to increase. Of the seven latest victims, three or four are still under observation in the isolation ward of Princess Margaret Hospital. They are expected to be discharged in a few days' time, the spokesman said. The new cases bring to 115 the number reported so far this year, of which 94 were imported. This compares with 77 imported and three local cases last year and 62 imported and one local case in 1981. The spokesman attributed the sharp rise to increased travel in and out of Hongkong, particularly to countries where malaria is endemic. He said it also reflected an intensified anti-malaria surveillance programme. Since the discovery of three malaria cases among military personnel stationed at the border in September, Urban Services Department staff have stepped up anti-mosquito measures, such as spraying of breeding grounds. [Text] [Hong Kong SOUTH CHINA MORNING POST in English 2 Dec 83 p 1]

REFUSE REGULATION--Regulations to require most new building developments to include plans for rubbish storage chambers is aimed at reducing street collection points and improving hygiene. The acting Secretary for Health and Welfare, Mr Geoffrey Barnes, said this in reply to Mr Andrew So. Mr Barnes said: "The present position is that a Bill has been drafted to amend the Buildings Ordinance to enable the Governor-in-Council to make regulations relating to the mandatory provision of refuse storage chambers in new multi-storeyed buildings." It will be submitted to Exco early next year. Also draft regulations will require new buildings, with certain exceptions, to include plans for storage chambers to minimise on-street collection points and to improve hygiene in developments, he said. [Text] [Hong Kong SOUTH CHINA MORNING POST in English 8 Dec 83 p 23]

OCCUPATIONAL DISEASE CLASSIFICATION--Workers will be eligible for compensation from their employers if they contact any of 37 occupational diseases, when subsidiary legislation introduced by the Government comes into force on January 1. At present only 21 occupational diseases are listed under the Employees' Compensation Ordinance as justifying a claim for compensation by workers contracting them. At the beginning of next year another 16 will be added to

the list by the Employees' Compensation Ordinance (Amendment of Second Schedule) Order 1983. This brings local practice into line with that of many industrialised countries, and follows recommendations made by the International Labour Organisation. A Government spokesman said yesterday the original list of 21 occupational diseases had not been altered since being introduced into the ordinance 19 years ago. However, in the past two decades, said the spokesman, advances in medical knowledge had made it possible to establish more firmly the causal relationship between certain diseases and certain types of occupation, and the number of officially-recognised occupational diseases had increased. [Text] [Hong Kong SOUTH CHINA MORNING POST in English 10 Dec 83 p 15]

INCREASE IN INFLUENZA--There has been a 30 to 35 per cent increase in the number of influenza cases recently because of sharp variations in overnight temperatures, according to several private practitioners. Attendance at various Government hospitals' and clinics' out-patients departments have also risen by 10 to 15 per cent this week, according to a spokesman for the Medical and Health Department. But he was unable to say how many had flu. The increase was "insignificant," he said, adding that it was seasonal and there was no need for the public to worry. The "unusual" warm weather recently has caught many people, especially children, off guard, one doctor said. He said: "It is really difficult to decide on what to wear when you are faced with a temperature difference of five to seven degrees within one day." And because of the warm weather people preferred to go to places which put them in contact with the virus, he said. Another private practitioner advised the public, particularly children, to stay away from public places such as cinemas and restaurants to avoid catching the virus. He stressed the virus was less severe than the one which swept Hongkong in March. [Text] [Hong Kong SOUTH CHINA MORNING POST in English 14 Dec 83 p 23]

CSO: 5400/7519

PAPERS REPORT, QUESTION MATHURA MYSTERY DISEASE

Correspondent's Report

Calcutta THE STATESMAN in English 14 Dec 83 p 9

[Article by Neerja Chowdhury]

[Text] "People have been dying 'chata-chat', like flies", said Puniya, who had accompanied Ram Chand, her husband, gravely ill, to the district hospital in Mathura.

The swatting hand is a disease--not yet identified--which has struck Ramanagar, Nangla Mora and Jachaunda villages in Mathura district.

Sixty-four people have died in these three villages alone during the past three months, though the authorities confirm only 44 deaths in Ramanagar and Nangla Mora.

The officials had not yet visited Jachaunda to count the casualties, villagers there said. In my presence, they counted the names of 19 men, women and children who were struck down by a mysterious fever and died three to four days later. Confronted by the villagers, the Patwari, Khemchand, confirmed these deaths.

Buried in the Fields

The residents of Jachaunda took me to the outskirts of the village and showed me freshly-dug areas in field where the young children had been buried. (It is the custom in the area to bury children, not cremate them.)

In Arhing, 3 km from Jachaunda on the road to Govardhan, at least 100 people have died due to "this deadly fever" since the end of the monsoon, according to the gram pradhan, Chetarmal Aggarwal.

"In September, October and November, we had at least one person dying a day of this mysterious fever", he said. But it did not create such a panic as in the smaller villages, like Ramanagar, because Arhing has a population of 8,000. With the coming of winter, the disease had subsided somewhat, "though there were four deaths last week".

The disease has cast a long shadow over Ramanagar, a dusty village of 80 to 90 houses. The village was crawling with medical teams, who have suddenly arrived from Mathura, Lucknow, Agra and Delhi, after the news of the epidemic first broke five days ago.

Deaths Continue

But deaths continue to take place in Ramanagar, Jyoti Ram (45) died on December 9. Dr J. K. Jain of the Mathura District Hospital, who was in Ramanagar on the instruction of the Director-General of Health, said he had examined 40 patients in the village that day, 15 of whom were "serious" with high fever and five needed immediate hospitalization.

Among them is Tulsa, who struggled to sit up when I went to see her. Her 23-year-old son, Sarabjit, died a month ago, and 15 days later, her husband, Jormal, passed away. He was perfectly healthy, but suddenly had high fever, and started shivering and caughing. Before they knew it, he became unconscious. Three days later, he was dead.

And now, for the past eight days, Tulsa has been struck down by a fever herself. Her thin frame shakes from a cough "which is killing me..." I can't sleep, I can't eat and I feel so weak that if I try and stand, I feel I will faint.

"I wish it was me who had died and not my son. What will become of them?" she asks, pointing to her son's wife and three young children. "They have no one to look after them and only two bighas of land. Please arrange some means for us", she implores in a feeble voice.

Tulsa is a TB patient, says Dr Misra, in-charge of the primary health centre at Ral, which is supposed to cater to the needs of these villages.

'Nothing Serious"

Some of the villagers have died of TB, dysentry or old age, says Md B. M. A. Mathur, Chief Medical Officer of Mathura district. "It is not an epidemic. The people have died over a period of three months and due to different reasons".

The District Magistrate of Mathura echoes similar sentiments and feels "it is nothing serious".

But the people in the affected villages cannot be persuaded to accept this with equanimity. There is hardly any family untouched by the disease, they say. Those who succumbed were those whose resistance was low, be it due to TB, malnutrition, old age or frequent bouts of malaria, which are frequent in this area due to the waterlogging which takes place every year during the monsoon. Those who have survived suffer from a debilitating weakness and repeated bouts of fever.

The disease has also claimed the lives of hundreds of animals. "Two to three are still dying every day", Khemchand, the patwari says. The kumhars (potters) of Nangia Mora cannot work any longer because all their donkeys which used to cart the clay have perished.

Though medical teams have arrived in these villages from the Mathura District Hospital, the Agra Medical Hospital and the Malaria Institute in Delhi, and have taken samples of blood of the sick, "the diagnosis is still to be completed", says the CMO.

Viral Fever Feared

However, the doctors suspect that the cause of death is a "viral fever", because the lungs and respiratory tracts of the people appear to be affected. "The fever is high and accompanied by shivering--leading to unconsciousness and death.

"That is why it may well be associated with malaria", says Dr Jain of the Mathura District Hospital. "Most probably, it is the falciparum malaria, which can cause brain damage".

Falciparum malaria, a deadly variety which originated in the North-east of India in the seventies, has been prevalent in Mathura district since 1978. The doctors say the parasite which causes it is resistant to DDT.

During the monsoon, there are diseases in the villages. "There are so many mosquitoes that it becomes impossible to sleep at night" says Sukhdevi in Nangla Mora. "But never have we had people dying like this year".

Stagnant Cesspools

When the rains come, the villages are inundated. "We have to wade through dirty and stagnant cesspools to move around", says Kamal Singh, a farmer in Ramanagar.

"And when the water starts to dry around Diwali time, there is enough stink and dirt around to make you sick".

This year, the situation was worse because of the heavy floods, which submerged many parts of Mathura district, but the question which cannot be brushed aside is: Is there a new variant of malaria developing in this area?

The authorities wake up only when there is a crisis, the villagers say. In normal times, they have often to pay the Government doctors who visit them. But in the past three days, Ramanagar and Nangla Mora have been flooded with free medical aid and the villages have been sprayed with benzine hexachloride, and the wells disinfected, thanks to the publicity they have received. "This has not happened here despite repeated reminders and assurances of the CMO", says the gram pradhan of Arhing, only three km away.

The villagers offer a very simple solution to their problem. Waterlogging, which everyone concedes is the main problem in the area, takes place in their villages due to bad drainage. They get flooded from three sides, from the Agra canal in the West, the upper division canal for irrigation in the east and a nullah in the south. "If the level of the roads leading to the village was raised and they were made pucca, we would be liberated from the curse of diseases", says Kamal Singh.

Here there is another story of devalued human life. It is also a story of bureaucratic apathy and neglect. And while the authorities make light of the situation and issue denials, the groans of a sick Tulsa lamenting the death of her husband and son follow me into the night as I make my way back to Delhi.

Reports Refuted

Bombay THE TIMES OF INDIA in English 15 Dec 83 p 20

[Text] NO MYSTERY DISEASE: A team of doctors from Sarojini Naidu medical college in Agra which screened a large section of the population around Ramnagar and Nalga Mora villages of Mathura district, has not found any evidence of outbreak of an "uncontrollable" mystery disease, says our correspondent.

The team, comprising Dr. N. L. Patni, reader in medicine, and Dr. V. K. Srivastava, reader in pathology, was sent on an urgent request by the state government following press reports of an outbreak of a mystery disease.

According to Dr. S. S. Mishra, principal of the S. N. medical college, the team of doctors from his institution examined about 700 residents of the two villages. The main cause of the sudden spurt in the death rate (41 deaths, according to official figures) in the two villages was found to be common diseases like pneumonia, fever, bronchial asthma and turberculosis. These proved fatal because of the recurrence of malaria, besides malnutrition and poor living conditions.

CSO: 5400/7063

PANEL FORMED TO CHECK CALCUTTA MALARIA SPREAD

Calcutta THE STATESMAN in English 1 Dec 83 p 3

[Text] MR Prasanta Sur, West Bengal's Minister for Local Government, said in Calcutta on Wednesday that a high-power coordination committee had been formed to check the malaria menace in and around the metropolis. Recommendations of this committee were being implemented.

Mr Sur held the Metro Railway authorities responsible for the increase in the mosquito population in the city. He said that most of the tunnels and ditches made by the Metro Railway were the breeding places of mosquitos.

Following the recommendations of the committee, all the agencies involved, including the Metro Railway, have been instructed to take effective measures to arrest mosquito breeding in their respective areas by filling up the ponds and ditches, to pump out the accumulated water or to treat it by chemicals. Calcutta Corporation has also taken initiatives to free the drains and ponds within its areas of mosquitos by using some lavivorous fish. These fish would devour the mosquito larvae.

Dr S. K. Shoudhury, Chief Health Officer, Calcutta Corporation, said there was no official death record due to cholera for the past three years, though several deaths had occurred due to gastro-enteritis. To prevent occurrence of gastro-enteritis, Calcutta Corporation had taken up a programme of oral rehydration therapy in the slum areas of the city. Under the programme, salt packets, comprising potassium chloride, sodium chloride and glucose were being distributed among the people free of cost. About 50% of gastro-enteritis deaths had been controlled following this therapy, Dr Choudhury claimed.

CSO: 5400/7058

BRIEFS

GASTROENTERITIS DEATHS--Mr Ram Narayan Goswami, West Bengal's Minister of State for Health said in Calcutta on Tuesday that two persons had died of gastro-enteritis at Jawolpara, in the Titagarh municipality area out of 14 persons afflicted with the disease during the past two weeks. He added that nine persons had been admitted to Barrackpore Hospital. The municipality had taken necessary steps to disinfect water sources. [Text] [Calcutta THE STATESMAN in English 30 Nov 83 p 7]

SUSPECTED VIRAL DISEASES--ITANAGAR, Dec. 10.--Eleven children died of a suspected viral disease at Mon Gaon in west Siang district on Friday, according to officials sources here yesterday, reports UNI. The sources said several others were also suffering from the disease, some of them seriously. Two helicopters with medical teams were sent to the village yesterday to render medical help. [Text] [Calcutta THE STATESMAN in English 12 Dec 83 p 7]

TUBERCULOSIS STATISTICS--Over 10 million Indians today suffer from lung TB alone, says Federation of Medical Representatives' Association of India general secretary J S Majumdar, claiming that he is quoting the latest official figures. Pfizer, the multinational pharmaceutical concern producing anti-TB drugs, has ceased manufacturing these drugs in preference to various kinds of tonics, vitamins and nutritive supplements, for "there is more money in the latter", he adds regretfully. In 1982-83, he says, the drug industry, which is mainly dominated by the multinationals, sold drugs worth Rs 1,430 crores. But 80 per cent of the drugs sold were not essential drugs, he claims. The WHO, according to Mr Mazumdar, has specified just 26 basic drugs which can suffice for all the ailments prevailing in the developing countries, though Hathi Commission had put the number of essential drugs at 116. But why, he asks, has the Union Health Ministry allowed 35,000 brand drug names, of which almost 80 per cent are non-essential drugs. He told a press conference in New Delhi on Saturday, the Centre had constituted second committee for the formulation of the drug policy which consisted of only the drug manufacturers. [Text] [New Delhi PATRIOT in English 12 Dec 83 p 10]

KRISHNAGAR MALARIA CASES--KRISHNAGAR, Dec. 12.--About 430 malaria cases have been detected in the district this year, according to official sources. Most of the cases were detected in the Hanskhali, Krishnagar, Krishnaganj and Chapra areas. In the Hanskhali area 204 people were suffering from the disease. [Text] [Calcutta THE STATESMAN in English 13 Dec 83 p 3]

CSO: 5400/7062

DENGUE FEVER DEVELOPMENTS

Dengue Fever in Manado

Surabaya SURABAYA POST in Indonesia 15 Nov 83 p 4

[Text] Manado--At least 48 persons living in Manado, North Sulawesi, had received intensive treatment by Thursday afternoon [10 November] at the Gunung Wenang General Hospital in Manado, following the outbreak of a dengue fever epidemic in that area last week.

Those receiving treatment at the hospital included 25 infants and children under 5 years of age and 23 children over 5 and adults.

An ANTARA News Agency source at Gunung Wenang General Hospital in Manado confirmed on Friday [11 November] that 48 persons suffering from dengue fever had received intensive care. However, he did not confirm the causes of the epidemic or when the dangerous disease was first noticed.

As of Friday [11 November] it was not known what steps had been taken to prevent the spread of the disease. However, a number of officials in the North Sulawesi Health Service, whom ANTARA has attempted to contact since Thursday [10 November], have been traveling outside the city.

In order to prevent an increase in the number of persons suffering from the disease, government authorities from the village level to the city of Manado have undertaken preventive action by urging the people to be careful and to clean up the areas where they live.

ANTARA understands that the areas believed to be affected and which are the centers for the spread of the disease in the city of Manado include the districts of Manado Selatan and Menado Tengah, particularly the newly-settled areas of the two districts.

Dengue Cases in Jakarta

Jakarta MERDEKA in Indonesian 18 Nov 83 p 3

[Text] Jakarta, 17 November--The Jakarta city government will assign 52,000 health personnel to operation Mass Eradication II, which will begin on 20 November 1983 throughout the city of Jakarta. This was stated by R. Soeprapto, the governor of Jakarta, on the occasion of the Mass Eradication II assembly and the preparatory assembly of the Field Task Unit today at the Jakarta Office of Health Services parade ground.

Soeprapto added that out of the health personnel assigned to the campaign, two persons would be assigned to every Neighborhood Association [Rukun Tetangga], supervised by a doctor from the Neighborhood Community Health Center. The 52,000 personnel will be assigned 1 million homes to check.

Soeprapto said: "Indeed, the role of the Health Operations Center is to prevent health problems from reaching a critical, emergency stage and to provide rapidly both preventive and health treatment services to the people, on time and on a continuous, 24-hour basis."

The governor hoped that in the future cases of dengue fever in Jakarta could be reduced in number, since from 1980 to 1983 the number of dengue fever cases has steadily increased. In 1980 there were 811 cases; in 1981, 1,434 cases; in 1982, 1,615 cases; and in 1983, up to the end of September, there were 2,277 cases. With this program, the Mass Eradication program, a very important form of activity has begun to develop tranquility and good health for residents of the national capital.

The governor instructed all officials of the Jakarta municipal government, including the central level, the mayor, the district chiefs, and neighborhood chiefs, to support the implementation of the Mass Eradication II program as well as they could, so that the people will be free of dengue fever. In addition, he also urged the people of Jakarta, including members of Citizens' Associations [RW], Neighborhood Associations [RT], community leaders, and community volunteers, to play as large a role as possible in this effort.

The governor said: "Don't complain if the drinking water storage tank has been sprayed with insecticides aimed at mosquitoes, so that we can prevent the spread of dengue fever. Furthermore, the people should continue to keep their homes and neighborhoods clean, beginning with the inside of their houses and including their yards. In this way we can keep our homes and neighborhoods clean and healthy."

Meanwhile, Doctor Soedarso, the chief of the Jakarta Health Service, stated in a report that the Field Task Unit and the Volunteers for the Mass Eradication Program, which were established today [18 November], included personnel from the Epidemic Disease Eradication Service (P3M) of the Branch Health Services in the five districts of the city of Jakarta. This unit has been

equipped with radio communications facilities and an armada of ambulances. They have been given sufficient training to deal with the possibility of outbreaks of several epidemic diseases which may be found among the people of Jakarta. The Field Task Unit has a base in every Branch Health Service, and there are 90 health personnel in every branch. In carrying out the mass eradication program officials have been provided with 1 kilogram of "Abate" insecticide for each Neighborhood Association. Houses where "Abate" has been sprayed will be marked with a sticker. The total cost for the Mass Eradication II program is 270 million rupiahs, which have been obtained from the central and local branches of the P3M program and from UNICEF [United Nations Interim Children's Emergency Fund].

5170
CSO: 5400/4370

BRIEFS

HEALTH BRIGADES' ANTI-CHOLERA CAMPAIGN--The person in charge of the Provincial Preventive Medicine Service in Sofala has been in the Nhamatanda district for several days to personally orient the brigades teaching the people how to fight and prevent cholera in the region. Reports from Nhamatanda say that centers of this fast spreading epidemic have been found in the district seat localities of Tica and in the surrounding areas of Nharchonga, Mecuzi and Metuchira. The situation is now under control. Ten cases of this disease have been admitted to the district hospital in Nhamatanda. When telling the RM about it, a source from the local Party's District Committee Seat stressed that the brigades have been working with localities, neighborhoods and surrounding areas to teach the people the reasons for building latrines and their correct use. The brigades have also been distributing Fanasil pills, especially to the families and neighbors of the people who have been hospitalized. At the same time, the campaign to destroy houses continues in Nhamatanda in the zones where it is thought that the cholera is centered. [Text] [Beira DIARIO DE MOCAMBIQUE in Portuguese 7 Dec 83 p 2] 12402

VACCINATION CAMPAIGN IN MACHANGA--More than 300 children have been vaccinated in the Machanga district as a result of the vaccination campaign ongoing in that part of Sofala Province. It is worth noting that the Health Services in that district are giving medical examinations to students and are vaccinating them at the local school level, as well as checking the condition of pregnant women. [Excerpt] [Beira DIARIO DE MOCAMBIQUE in Portuguese 3 Dec 83 p 2] 12402

ANTI-MALARIA CAMPAIGN IN BEIRA--A course in the preparation of spraying agents for the home, which is expected to last 15 days, has been on-going in Beira for a few days. The purpose of the course is to fight malaria caused by Plasmodium (anofeles femea). The course, which is sponsored by the Sofala Provincial Health Office, will, on the other hand, show the importance of the fight against malaria. Taught by preventive medicine technicians, the above-mentioned course covers materials such as the handling of spraying equipment, information on spraying and the process of filling out the charts for the gathering of statistical data in a specific household. [Text] [Beira DIARIO DE MOCAMBIQUE in Portuguese 10 Dec 83 p 2] 12402

CSO: 5400/53

SCRUB TYPHUS IN FUJIAN

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 4 No 5, Oct 83 pp 257-259

[Article by Wang Shiquan [3769 0013 2164] et al. of Public Health and Epidemic Prevention Station of Longqi Prefecture, Fujian Province: "Vector of Scrub Typhus in Winter in Fujian Province"]

[SUMMARY] In China, aside from Taiwan Province, scrub typhus had been known to occur only in the summer-autumn season until scrub Rickettsia was isolated from the blood of two patients in Fujian in February-March 1960. Subsequently, in two surveys, carried out in the winter of 1960 and 1981, mites were collected from rodents captured on the mountain slopes regularly frequented by the two patients and identified to be Leptotrombisula scutellare. From these mites, Rickettsia tsutsugamushi has been successfully isolated. L. scutellare which is known to be the vector of scrub typhus of the summer-autumn season was not found in these areas in the winter. Symptoms of the winter cases are also different. Eschar and rash are seldom present and the pathogenic rickettsiae appear to be of low virulence. The difference may perhaps be considered to be due to the fact that in the winter the vectors are different.

6248
CSO: 5400/4109

PRC STRESSES DISEASE PREVENTION IN RURAL AREAS

OW3014360 Beijing XINHUA in English 1034 GMT 30 Dec 83

[Text] Tianjin, 30 Dec (XINHUA)--A national conference which closed here today decided to focus disease prevention work on the rural areas.

Public Health Minister Cui Yueli in his speech at the conference stressed that the countryside with 80 percent of China's one billion people is the place where efforts must be made to control endemic diseases.

As a measure to improve the nationwide anti-endemic network, the minister said staffs of country health stations will be reinforced so that they can take charge of local disease prevention. He promised they would be provided with more equipment next year.

He urged medical personnel working in clinics on people's communes to strengthen disease prevention units and employ more professionals. He also advised that villages should have their "barefoot doctors" concentrating on prevention of endemic diseases.

He noted that planned immunization has been introduced in 70 percent of China's counties, sharply reducing the incidence of some endemic diseases.

Smallpox was eliminated in China many years ago and cholera, plague, black fever, relapsing fever and diphtheria have been basically wiped out or brought under control.

Recently, Shandong Province announced that the five million persons who had filariasis (elephantiasis) at the time of the founding of the People's Republic in 1949 have now been cured. Nationwide, the disease is no longer endemic in 341 counties, as the latest stratistics show.

Snail fever has been wiped out in 244 counties. The number of malaria cases reported dropped from 30 million in 1978 to two million in 1982.

The minister said that 150 laws, regulations and standards have been adopted since 1977 to strengthen disease prevention in China.

CSO: 5400/4117

5.47 MILLION ZHEJIANG PEASANTS RECEIVING TAP WATER

Beijing RENMIN RIBAO in Chinese 17 Sep 83 p 3

[Report from journalist Bai Yun [4101 4596]]

[Text] Journalist Bai Yun reported that there was new progress in the water reform work of Zhejiang. From January to June 1983, some 1,946 rural tap water plants (stations) were established in the province. A total of 1.35 million more peasants now enjoy tap drinking water which meets hygienic standards. The total number of rural water stations reached 6,803, with 5.47 million people or 16 percent of the Zhejiang's population now drinking tap water. Fifty-seven percent of the population in Jinhua City and 53 percent of the population in Deqing County have a running water supply. Since the installation of running water, there has been a conspicuous reduction of infectious disease of the intestines in the 205 communes and 3,000 brigades of the province. The health level of the masses has been raised.

Ninety-three percent of the water resource in Zhejiang comes from surface water with various degrees of contamination. With the elevation of the peasants' living standard, the improvement of drinking water is urgently requested. There have been numerous private fund-raising activities to set up tap water systems. Total investment in rural tap water construction reached 150 million yuan. Capital raised by the masses and by the commune and the brigade collectives accounted for 90 percent of the total funds spent on water reform. Labor invested amounted to 4 million. Governments on all levels regard water reform as the two important undertakings for improving the livelihood of the masses and for rural construction. During the past 3 years, financial allocations for water reform from governments at all levels amounted to 15 million yuan. Provision of needed cement, steel and plastic pipeline materials was also arranged. Governmental concern kindled the masses' enthusiasm for water reform and insured the smooth progress of the water reform work.

At present, there are a total of 16 types of running water systems in the Zhejiang rural area. The purification system for surface water is approaching perfection. To take advantage of centralized and unified management of the capital, material and manpower in many regions, relatively large-scale water plants have been built centered around regions, communes or towns and supplying tap water to surrounding rural areas, thus reducing repetitious construction and increasing economic results.

In spite of the substantial progress in Zhejiang's rural water reform work, the mission remains difficult to accomplish. Up to 2.8 million rural people are still drinking substandard water. To improve the rural drinking water condition in a planned manner, a 10-year water reform plan is being worked out striving to provide clean running water to 90 percent of the rural population in the province.

12453
CSO: 5400/4102

CONTAMINATED CANNED GOODS REPORTED IN ZHEJIANG

Hangzhou ZHEJIANG RIBAO in Chinese 15 Sep 83 p 1

[Article: "Lishui Canning Plant Ignores Food Hygiene Regulations by Brazenly Selling Contaminated Canned Food"]

> [Text] The Joint Investigation Group of the provincial Health Care and Antiepidemic Station and the Lishui Region County Public Health and Antiepidemic Station sent us the following letter: After the publication and implementation of the "Food Hygiene Regulations," the Lishui Canning Plant repeatedly sold light sparkling wine and soft drinks which did not meet the standards set by the regulations. They even attempted to sell 7 tons of contaminated canned oranges which had been demonstrated as fatal to laboratory white mice. No improvement has been made since they were ordered to close shop for rectification. The Joint Investigation Group from the provincial, regional and county antiepidemic stations instructed them to make corrections, but the instructions were completely ignored by the plant leaders, who have attempted to process and sell the canned oranges in the form of jelly. Plant leaders who are directly responsible for such behavior ought to be prosecuted and disciplinary measures must be taken.

In the plant leaders' singleminded pursuit of profit, food hygiene and product quality are disregarded. The plant worksite is filthy, cluttered and substandard. Not only is the sanitation of the environment poor, with obstructed ditches and leaky and shabby workshops, but there is a complete absence of inspection for raw materials and product as well. There are no batch numbers or marks for the major products. The workshop lacks equipment for fly and dust prevention. There is no toilet or sterilization equipment. The bottle cleaning procedure is not strictly observed. Only the tops of the dirty bottles are briskly washed on the bottle washing machine. Sometimes, old labels are left on the bottles. Residuals are often found in the bottle. Sterilization is not done. Taking orange cans as an example, during the past 3 years, 16,000 yuan in compensation was paid as a result of poor product quality.

Major leaders of the plant paid no attention to the Food Hygiene Regulations and repeatedly sold unauthorized products which did not meet the standards. Staff members and workers were not instructed to study and obey the Food Hygiene Regulations. Consumer interests were disregarded. In March 1983, a leader personally struck a deal by selling 4,000 bottles of light sparkling wine contaminated by motor oil to the staff and workers of the plant and 30,000 bottles to the market at a reduced price.

In the beginning of July, the county Public Health Antiepidemic Station notified the plant that the batch of soft drinks randomly selected for examination were found to contain bacteria above the regulated standard. The sale was suspended. The plant's major leaders agreed with the decision, but then hastily sold the soft drinks behind the back of the station. The county antiepidemic station discovered the practice and ordered them to recall the soft drinks, but the plant leaders simply ignored the order. Despite repeated urging from the station, the plant leaders tried to evade control by presenting a batch of previously rejected soft drinks as the ones recalled in response to the order. During the first 10 days of July, despite opposition from the County Economic Committee in-plant coordinator and some of the plant's staff members and workers, the leaders of the plant insisted on selling the 14,000 bottles of substandard soft drinks to staff members and members at a reduced price behind the back of the food hygiene surveillance organization. On 28 July, at the contract negotiation group meeting, the leaders proposed and then decided upon the sale at a reduced price of 7 tons of canned oranges to staff members, workers and other concerned units. These cans had previously been inspected by the county Public Health and Antiepidemic Station as containing enough contamination to kill laboratory white mice. Fortunately, because of the opposition of cadre workers and the ban from the county antiepidemic station, the sale was halted, and no disastrous effects ensued. However, the plant had already sold five cases to the county's tobacco and sugar company.

The illegal act of knowingly violating the Food Hygiene Regulations had long been resisted by plant cadre workers. But the plant leaders obstinately clung to their course. Numerous complaints have been brought against these leaders.

On 2 August, the county antiepidemic station legally closed down the plant for rectification and imposed a fine of 1,200 yuan as punishment. The plant leaders were given an order to call back and destroy the substandard products. On 6 August, the plant resumed production, but there has not been any visible improvement in the sanitation condition. Nor has the pledge of rectification been realized.

On 20 August, the Joint Investigation Group of the provincial, regional and county antiepidemic stations presented three supplementary recommendations to the plant administration and to the Lishui County People's Government:

(1) The administration should instruct the plant to implement the eight measures presented by the Joint Investigation Group within 15 days.

(2) The administration should enforce necessary disciplinary actions against the major plant leaders.

(3) Those comrades who worked hard at enforcing the Food Hygiene Regulations should be commended.

Now that the 15-day time limit is over, only part of the first recommendation has been carried out. No responses have been made on the other recommendations. The responsible individuals who had violated the Food Hygiene Regulations did not receive their deserved punishment. Those who are conscientiously enforcing the regulations are still being unfairly treated. The gravest fact is that by complying in public but opposing in private, the plant major leaders are paying no attention to the decisions of the surveillance organization, and have even tried to process and sell the 7 tons of contaminated canned oranges in the form of jelly.

12453
CSO: 5400/4110

INCIDENCE OF MALARIA DECREASING IN GUANGXI

Beijing JIANKANG BAO in Chinese 26 Jun 83 p 2

[Article by Huang Caigang [7806 2088 0474]: "Incidence of Malaria Decreasing in Guangxi Because of Various New Adaptive Measures"]

[Text] In the Guangxi Zhuang Autonomous Region, various measures are being adopted to suit new situations in malaria prevention and treatment. The malaria incidence rate has been dropping for 3 years to 3.43/10,000, the protozoan rate has dropped to 1.04 percent, and 3-day malaria has almost been eliminated. While prevalent areas have been reduced, many high-infection areas have become medium- or low-infection areas.

In view of the new situation of the unsound malaria prevention network on the grassroots level, the highly decentralized distribution of malaria patients and the difficulty in pinpointing the infection focal points, the various public health departments in Guangxi put forth a long-term struggle plan both with guiding principles on various matters and with practical measures of solution to suit specific situations. The rural malaria prevention network is being rapidly built. Responsibility systems in the following forms of malaria prevention tasks are being established: the contract responsibility system of specialized malaria extermination teams responsible for areas specified in their contracts, the unified appraisal of malaria extermination tasks along with other public health tasks or the implementation by county or communal personnel of the contracting of areas of responsibility to teams with specified responsibility for each individual. Thus the malaria prevention task is taken up and supervised on all levels. Joint intercounty and even interprovince malaria prevention operations are being organized for members to benefit from each other's experience and to expedite the work.

In the area of technology, the cultivation of trained personnel is being emphasized in Guangxi. One thousand and twenty-two specialists were produced last year from the classes on entomology and on protozoan microscopic examination held on the various region and county levels in the autonomous region. Comprehensive prevention and treatment were being enforced in critical malaria-infected areas, using concentrated financial and human resources. For medium- and low-infection areas, the microscopic examination task on patients with fever at the hospital outpatient divisions and mobile medical clinics are

being closely monitored. The difficulties in finding infection focal points and the decentralized patient distribution situation are becoming more manageable. Malaria recurrence resistance treatment, the taking of preventive medicine and chemical mosquito extermination work are being strengthened to eliminate the source and carrier of the disease.

12453
CSO: 5400/4102

PROGRESS BEING MADE ON HERPES RESEARCH

Beijing JIANKANG BAO in Chinese 7 Aug 83 p 1

[Article by Xie Lianghai [6200 6852 3189]: "Important Progress in Herpes Research Is Made in Henan People's Hospital"]

[Text] The virus research laboratory of Henan People's Hospital in cooperation with 17 other hospitals in Henan has achieved significant results in simple herpes virus research and in its immunity research.

Herpes is a widely contagious virus disease. The herpes simplex virus, keratitis, is a commonly seen eye disease which has rather severe damaging effects. From theory to practice, the artificial immunity and treatment methods have not yet been discovered in any country so far. The cooperative units with Henan People's Hospital collected the cornea focus of infectious discharges from 25 cases of keratitis patients and separated 15 single viruses. A superior herpes virus, SM44, was selected for vaccine production research. This is the first step toward producing the immunization of herpes together with the method for diagnosing the disease. The suckling rabbit model for safe experiments on herpes viruses and on herpes vaccine protection will also be established.

The laboratory also produced an experimental herpes vaccine. Based on the animal experiment foundation, large-scale effects of treatment on keratitis patients are being observed. Seven hundred and thirty-four cases using the front of the ear lymph node injection method have proved that the cure rate is 86.1 percent, which is higher than the cure rate using IDU and interferon.

Experts have proved that the results of the research have established a foundation for research on herpes vaccine production. The selection of the virus entity, animal model and immunization methods has reached the advanced international level.

12453
CSO: 5400/4102

SHANDONG CONDUCTS SURVEY ON HEPATITIS, GASTROENTERITIS

Beijing JIANKANG BAO in Chinese 16 Aug 83 p 1

[Article by Xu Shimin [6079 0013 3046]]

[Text] Recently the Department of Public Health of Shandong Province did an overall study of the prevention and treatment work together with the isolation and sterilization work concerning hepatitis and gastroenteritis occurring in the various regions, municipalities and key counties. Acting as an organized force, the investigators established uniform charts, items and standards, and using the point-counting method for comparison, they recorded the various aspects of planning, training in technology, promotion mobilization, medicine and equipment preparation and expenditure together with the discovery of patients, reports on epidemic conditions, acceptance and treatment of patients, isolation and sterilization, investigation and monitoring, epidemic point handling and other concrete activities conducted at the 166 public health units at the province, region, city, county and commune levels. The study results show that hepatitis and gastroenteritis prevention measures are being better implemented than before, with apparent improvement in hospital isolation and sterilization practices. Of all the treatment units under observation, 92.2 percent use one needle for one injection; 86.8 percent use one needle for each blood sample drawing from vessel tips; and 93.8 percent sterilize the acupuncture needle after each use. The cups and stomatological equipment are generally sterilized after each use. The units also did everything they could to disinfect the needles used for drawing blood, the dental drills used by dentists, etc. To prevent the spread of hepatitis from blood transfusions, blood donors have been placed under stricter supervision. In addition to a physical examination of each blood donor, 65 percent of the hospitals now check the hepatitis B surface antigen before each blood donation. Hospital sewage disposal is being improved. Sewage treatment equipment is now in 71.4 percent of the general hospitals above the regional and municipal levels. Concrete problems discovered during the investigation were given helpful practical solutions.

The investigated results along with points and ranks were sent to every corner of the province. The 24 hospitals rated as advanced will be commended. All these measures are aimed at improving the prevention and treatment work.

12453
CSO: 5400/4102

PROGRESS IN NON-A/NON-B TYPE HEPATITIS RESEARCH REPORTED

Beijing JIANKANG BAO in Chinese 14 Jul 83 p 1

[Article by Wang Caiying [3769 1752 5391] and Sun Zemin [1327 3419 3046]: "Progress in Non-A/Non-B Hepatitis"]

[Text] A hepatitis research group of the Beijing Army General Hospital discovered a sediment phenomenon in the reaction of the antigen and antibody of the non-A/non-B hepatitis.

Since 1981, chief army doctor Jia Keming, graduate student Teng Xince and army physician in charge Chen Lianbiao, etc. have started serum immunization research and electromicroscope examinations of several hundred questionable specimens collected. Four cases of non-A/non-B hepatitis patients have been discovered. Through a bidirectional agar diffusion experiment, a thin yet clear line of sediment appeared between the serums of the patient during the acute illness and recovery periods. The line of sediment started to appear after 24 hours and became very clear after 48 hours. After much experimenting, testing and verification, it was found that the sediment line was stable. According to specialists' opinion, the line is the result of the reaction between the antigen and the antibody of non-A/non-B hepatitis.

12453
CSO: 5400/4102

HEPATITIS OUTBREAK IN SHANGHAI REPORTED

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES] in Chinese Vol 1 No 3, Aug 83 pp 168-172

[Article by Kang Laiyi [1660 0171 0308] et al.: "Survey of a Sudden Outbreak of Hepatitis A Epidemic"]

[SUMMARY] In late December 1982, there was, in Shanghai, an outbreak of viral hepatitis, lasting 2 months. The first wave began on 20-21 December, reaching a peak on 1 January 1984, with an average daily number of cases 3.24 times higher than that of the 20 days prior to the epidemic. On 14 January, there began a second wave. Anti-HAVIgM tests of the 785 victims of the acute stage produced a positive rate of 94.5 percent while hepatitis A antigen examination of stools 10 days after the onset of the disease was 74.29 percent positive. In the past, there had been a natural peak of hepatitis in the city every 5-7 years; this time it had been only 3 years since the last in 1979. Compared with the past situation of starting in late January and peaking in March, this epidemic was also unique. Analysis of the city water exonerated it from blame but a significant number of victims of the first wave had eaten contaminated clams 15-45 days prior to the onset of the disease. This fact appears to support domestic and foreign reports linking hepatitis A epidemics with shellfishes of the Class Lamelibranchia. Research studies on direct isolation of HAV from shellfish meat and on the condition of contamination of aquatic shellfishes should therefore be conducted. Meantime, the masses should be taught that it is safe to eat clams and other shellfish only when they are steamed or boiled for 20 minutes first.

6248
CSO: 5400/4111

VACCINE FOR HEPATITIS B

Beijing RENMIN RIBAO in Chinese 6 Sep 83 p 3

[Text] One of the key national science and technology problems to be tackled--the production of a vaccine from a blood source for hepatitis B--has achieved success in the trial manufacture of a small amount. After evaluation and discussion, concerned specialists decided that the medium-batch trial manufacture of the vaccine can be started.

Vaccine from a blood source for hepatitis B is manufactured through purifying and blanching the serum from carriers of the hepatitis B surface antigen who do not have clinic symptoms of hepatitis B. The vaccine enables the human body to produce resistance to infection by the hepatitis B virus. The Beijing Institute of Biological Products of the Ministry of Public Health in cooperation with the ministry's Institute of Medicines and Biological Products Inspection trial-manufactured the vaccine, which has since been proved safe and effective by observation of the short-term effect on those who received innoculation and by technological inspection. Of the 1,000 people who received the innoculation in Beijing, Guangxi, Heilongjiang and Hangzhou with the help of the various teaching, scientific research, health and antiepidemic departments, 90 percent are now immune to the disease. Reports from Shenyang have demonstrated that the vaccine is very safe and effective in halting the spread of hepatitis B from mothers to infants.

Hepatitis B is a worldwide disease. Our country is one of the high-incidence regions. The threat to health is severe. Vaccine from a blood source for hepatitis B has a relatively better chance of resisting the disease. After years of research and exploration, the vaccine now offers the possibility of medium-batch-process production.

12453
CSO: 5400/4102

SHANDONG PROVINCE ELIMINATES FILARIASIS

Beijing JIANKANG BAO in Chinese 9 Oct 83 p 1

[Article by Zhang Cheng [1728 6134]: "Shandong Basically Eliminates Filariasis"]

[Text] Upon receiving the report that Shandong Province has basically eliminated filariasis, the Department of Public Health organized a group of 40 or more specialists and professors from the Chinese Preventive Medicine Center, the Institute of Parasitic Diseases and the disease prevention scientific research units of 13 provinces, municipalities and regions, including Guizhou, Sichuan, Shanghai and Guangxi, to conduct a 20-day examination and inspection before acceptance. The examination started on 5 October 1983.

Shandong Province was one of the districts worst infected by filariasis. Filariasis epidemics occurred in 79 counties (municipalities). Total positive carriers and patients with symptoms amounted to 5 million. The average disease incidence was 17.5 percent. After arduous strivings for more than 30 years, general investigation and treatment, the taking of hetrazan compounds, the practice of all-people medicine taking, medical treatment, mosquito extermination and prevention work and other scientific research measures, the number of filariasis patients dropped to 100,000. Using the production brigade as a unit, the larvae infection rate has generally dropped to under 1 percent, which is the state standard for basically eliminating filariasis.

The Shandong Provincial Party Committee and government are serious about the work of examination and inspection before acceptance and have issued papers to all regions requesting them to prepare conscientiously for the state examination and inspection.

12453
CSO: 5400/4110

OCCURRENCE OF POLIOMYELITIS RESULTS IN CENSURE

Beijing JIANKANG BAO in Chinese 9 Oct 83 p 1

[Article by Yang Weixin [2799 4850 2450]: "Neglect of Duty Has Caused the Occurrence of Poliomyelitis--Rural Physician Stripped of Qualifications by Xinmin County Public Health Bureau"]

[Text] Rural physician Li Fusheng of Erdaohezi Brigade, Gaotaizi Commune, Xinming County, Shenyang Municipality, was practicing fraud and neglecting his duty, causing the occurrence of contagious poliomyelitis (commonly called polio). Recently, the county Public Health Bureau stripped him of his physician's qualifications and withheld his 1983 annual subsidy. He was reprimanded by being given 1 year of employment under observation.

The health and antiepidemic departments of the county and commune jointly investigated the situation in which the sugar-coated poliomyelitis immunization pellet was dispensed in the brigades and discovered that of the 76 children who should have been immunized, the percentage of those who failed to take the pellet or did not complete the immunization course was as high as 86 percent. Yet the preventive innoculation register showed a 100-percent record of completion. The innoculation notices to parents and the parents' signatures also showed a 100-percent rate. By deceiving his superiors and deluding his subordinates, Lu Fusheng has caused the grave consequence of a poliomyelitis occurrence--a serious dereliction of duty in disease prevention. In view of his good attitude after the incident by taking vigorous and practical remedial measures, the concerned department has decided not to look into the responsibility for the crime.

The Shenyang Municipal Public Health Bureau has impottuned the sanitation and antiepidemic departments on all levels to learn a lesson from the above incident by going to the first line directly to find out about the whole situation rather than relying on submitted figures. The occurrence of similar incidents will come to an end.

12453
CSO: 5400/4110

HEILONGJIANG USES SODIUM SELENITE TO PREVENT KASCHIN-BECK'S DISEASE

Beijing JIANKANG BAO in Chinese 21 Jul 83 p 3

[Article by Zhang Huanming [1728 3562 6900] and Lu Hongbin [7627 7703 2430]]

[Text] Favorable results in preventing kaschin-beck disease have been achieved by the Heilongjiang Regional Disease Prevention and Treatment Department through giving sodium selenite tablets to children and youths between the ages of 3 and 16.

Kaschin-beck disease is a major regional disease in Heilongjiang. In those critical regions, the incidence rate is over 20 percent. New patients are usually between the ages of 3 and 16. The Heilongjiang sanitation and anti-epidemic station discovered that while treating keshan disease with sodium selenite, there were also favorable effects on patients with kaschin-beck disease. Last year, in cooperation with 30 counties and through clinic use of sodium selenite on 2,400 cases of patients between the ages of 3 and 16, the station found that the effective treatment rate was about 80 percent. In order that kashin-beck disease patients regain their health and that healthy children be prevented from getting the disease, the laboratory results were pushed forward to the entire province during the second half of the year. The total number of children who are now taking the medicine is more than 13 million. To insure that children in the disease-occurring region take the correct amount of medicine regularly, school doctors and health teachers have been assigned to monitor strictly the long-term medication program and to keep the medical records. Rural doctors and health workers are responsible for regularly dispensing medication to children not in school.

12453
CSO: 5400/4102

GANSU CONTRIBUTES TO PREVENTION OF KASCHIN-BECK DISEASE

Lanzhou GANSU RIBAO in Chinese 16 Sep 83 p 1

[Article by Zhang Zhiyao [1728 0037 0342]: "Gansu Scientific Research Result Appraised--Selenium as Preventive Medicine Against Kaschin-Beck Disease"]

[Text] The Gansu Province Department of Public Health invited a group of nine medical specialists and professors from Peking, Liaoning, Jilin, Shaanxi and Gansu to form an appraisal committee. The scientific research which discovered the use of sodium selenite tablets as a preventive medicine against kaschin-beck disease has passed the appraisal. The medicine is a research achievement led by Dr Li Chongzheng, vice chairman of the Provincial Regional Disease Prevention Research Institute.

Between 1974 and 1976, on the basis of the laboratory animal screening experiment which had demonstrated selenium as an effective medicine, the Ningxian County scientific research cooperation used sodium selenite and vitamin E to treat kaschin-beck disease patients and discovered that the combined use of the two drugs is very effective in treating early-stage kaschin-beck disease in children. After 3-6 months of treatment, it was determined by X-ray examination that the recovery rate for the pathological changes in the lower tip of the backbone is as high as 80 percent. The medicine has surpassed any other medicine in treating kaschin-beck disease. In October 1980, the researchers were awarded the second prize in technology at the provincial scientific committee. On the basis of the above result, between May 1977 and May 1983, Li Chongzheng and his collaborators performed a research experiment on the preventive medicine. Healthy and afflicted children in the region between the ages of 3 and 10 were given the sodium selenite. X-rays of the hand showed that the normal rate of improvement went from 57 percent in May 1977 to 95 percent in May 1983. The appraisal committee, after listening to the briefing on the research procedure, method and results, proceeded to the question and answer session. The original research materials were evaluated and then checked side by side with the X-ray pictures. The unanimous conclusion was that the scientific research into using sodium selenite for preventing kaschin-beck disease originated in Gansu Province. The preventive effect is indisputable. The method for observing the preventive effect is very original. The comrades from high-level departments responsible for professional work all regarded the scientific research result as a major contribution to the nationwide task of preventing kaschin-beck disease.

12453
CSO: 5400/4110

OUTBREAK OF HEMORRHAGIC FEVER

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASE] in Chinese Vol 1 No 3, Aug 83 pp 144-146

[Article by Xie Weimei [6200 5588 3780] et al. of Teaching and Research Office of Infectious Diseases, First Hospital of Xian College of Medicine: "An Outbreak of Epidemic Hemorrhagic Fever: Clinical Analysis of 36 Cases"]

[SUMMARY] In an unnamed college in Xian, epidemic hemorrhagic fever (EHF) broke out in October-December 1982, involving 1 teacher and 35 students; 26 cases belonged to the mild type, 7 severe, and 3 critical. All were cured with treatment. EHF agent was identified in the lungs of rodents (Apodemus agrarius) trapped in the dormitory. In the past 26 years, there have been cases of EHF with renal complications every year in Xian suburbs but rarely so many cases in a single location. Indirect immunofluorescence antibody tests of 33 of these cases produced 30 positive cases (90.9 percent); peripheral leucocyte immune enzyme stain assay of 21 cases produced 18 positive cases (85.7 percent). The latter, being simpler and useful for early detection, is recommended. Clinical and laboratory data of the group of patients are reported and analyzed in some detail.

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CSO: 5400/4112

URBAN EPIDEMIC HEMORRHAGIC FEVER

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES] in Chinese Vol 1 No 3, Aug 83 pp 179-180

[Article by Xiang Changzhi [7309 2490 1807] et al. of Department of Infectious Diseases, First Hospital of Hubei College of Medicine: "Clinical Analysis of Nine Cases of Epidemic Hemorrhagic Fever (EHF) in a City"]

[SUMMARY] A 1960 research study in Japan indicated that two species of rodents may be the source of infection for hemorrhagic fever and the disease may be divided into the rural, laboratory, and urban types. In Hubei Province, the source of the infection has been proved to be mainly Apodemus agrarius but the possibility of Rattus norvegcus involvement for the urban type of the disease cannot yet be excluded. Isolation of the virus from the body of the latter has already been reported, although urban EHF cases remain rare. From May 1982 to February 1983, the First Hospital treated 49 patients of EHF and 9 urban cases are identical to those of the rural cases of this province. None of the nine ever lived or worked outside the unnamed city, however. Two of the nine patients died of it. The high mortality rate of 22 percent is perhaps related to higher sensitivity of the inhabitants of normally nonendemic areas. Attention should, therefore, be given to the possibility and high risk of EHF outbreaks in urban areas.

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CSO: 5400/4111

EPIDEMIC HEMORRHAGIC FEVER (EHF) ANTIGEN IN RODENT LUNG TISSUE

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 4 No 5, Oct 83 pp 292-294

[Article by Guo Shuxing [6751 2579 5281] et al. of Public Health and Epidemic Prevention Station, Nanyang Prefecture, Henan Province: "Detection of EHF Virus Antigen in Rodent Lung Tissue and Antibody in Human Sera of the Endemic Area of Xinye County, Henan Province"]

[SUMMARY] Since 1980, there have been 65 cases of EHF in Xinye County and the condition appears to be worsening. In late June 1982, the authors captured 53 rodents from the endemic area and examined their lung tissues by means of indirect fluorescent antibody test. EHF virus antigens were detected from 1/11 Apodemus agrarius, 6/38 Rattus norvesgius, and 1 Rattus flavipectus. Specificity of the viral antigens was further confirmed by their immunofluorescence characteristics and by the raised titer in the paired sera of the EHF patients.

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CSO: 5400/4109

SALMONELLA TYPHIMURIUM IN LANZHOU

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES] in Chinese Vol 1 No 3, Aug 83 pp 147-150

[Article by Liu Jiandou [0491 1696 2435] et al. of Department of Infectious Diseases, First Hospital of People's Liberation Army: "Clinical Analysis of 329 Cases of Salmonella typhimurium Infection in Lanzhou City"]

[SUMMARY] From August 1976 to November 1982, the department treated 329 cases of Salmonella typhimurium, identified through fecal analysis for 328, through culture of renal secretion for one; blood culture of 19 of these with fever lasting beyond 10 days produced negative results, however. Of the group, 69.9 percent were infants less than 2 years of age. This disease is easily mistaken for acute dysentery and diagnosis depends mainly on pathogenetic analysis. Strains of S. typhimurium resistant to antibiotics can easily develop to cause sensitivity tests to be necessary, especially during later stages of treatment, yet the test results do not always confirm with the actual effect of an antibiotic. In May 1982, a group of 24 resistant cases were treated with pipemidic acid combined with TMP and excellent effects were obtained within 3-5 days. There have been reports of rising incidences of this disease in China as well as abroad in the last 30 years; abusive use of antibiotics is attributed as one of the possible reasons. The disease spreads easily in hospitals via medical instruments, bedsheets, towels, thermometers, or hands of hospital personnel, especially among infants of pediatric and obstetric wards, whose disease resistance is frequently lower than normal. The paper urges more rigorous practice of disinfection. All essential clinical data of the 329 cases are included.

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CSO: 5400/4112

SALMONELLA TYPHIMURIUM IN SHANGHAI

Shanghai ZHONGHUA CHUANRANBING ZAZHI [CHINESE JOURNAL OF INFECTIOUS DISEASES] in Chinese Vol 1 No 3, Aug 83 pp 151-153

[Article by Wu Huiqin [6762 1979 3830] et al. of Shanghai Children's Hospital:
"Salmonella typhimurium Infection: Clinical Report of 66 Cases"]

[SUMMARY] In January-October 1982, 66 cases of Salmonella typhimurium were treated in 3 hospitals of Shanghai, with all victims under 2 years of age. Agent bacilli were isolated in stools of all and from blood of three. More than half also suffered from bronchopneumonia, septicemia, purulent meningitis, infantile hepatitis, severe malnutrition, or anemia. Various combinations of antibiotics were tried for treatment in all these case and ampicillin were gentamycin appeared to be the most beneficial, the current general belief in the existence of resistance to these two antibiotics notwithstanding. Of this group, the duration of the disease varied from 2 to 21 days. There were only three deaths, all complicated by severe malnutrition, bronchopneumonia, and staphylococcal septicemia; DIC and shock occurred to two and postoperative megacolon to one.

6248
CSO: 5400/4112

CAUSE, PREVENTIVE MEASURES FOR HYPOKALEMIA FOUND

Beijing JIANKANG BAO in Chinese 23 Jun 83 p 1

[Article by Zhang Kuiyi [1728 2247 0001]]

[Text] Wuhan Medical College discovered a new disease--hypokalemia--through its research. The research has prevented further incidences of death caused by this disease.

In the early 1960's a high death rate for an epidemic disease similar to the hypopotassium periodic paralysis occurred continuously in the rural areas of more than 10 cotton-producing provinces in China.

Since 1964, a research team from Wuhan Medical College in cooperation with concerned units in and from outside the province went to the 263 production brigades and the 152 commune and brigade oil plants of Hubei, Jiangxi, Anhui, Jiangsu, Henan, Hunan, Shaanxi and Liaoning to conduct large-scale research on pathogeny and epidemiology. Pathological observations were performed through postmortem examinations. The disease was found to be different from the hypopotassium paralysis recognized in the medical world. It is a regional disease in the cotton-producing rural areas. The cotton phenol causes the disease of the renal tubule. The path for potassium loss is through the kidneys. We named the disease "hypokalemia," which is now entered in the reference book "Epidemiology." The research results are being used for preventive measures. Incidence and mortality rates of the disease have been reduced substantially. No death caused by this disease has since been found in Hubei Province.

The Hubei Province Public Health Bureau has organized medical specialists from Hubei, Hunan, Guangdong and Henan to appraise the research. And the research has been rated as having achieved the international level of research.

12453
CSO: 5400/4102

IMMUNO-EFFECT OF ANTHRAX VACCINATION

Beijing JIEFANGJUN YIXUE ZAZHI [MEDICAL JOURNAL OF CHINESE PEOPLE'S LIBERATION ARMY] in Chinese Vol 8 No 5, 20 Oct 83 pp 341-343

[Article by Zhuang Hanlan [8369 3352 3482] et al. of Research Institute of Microbial Epidemiology, Academy of Military Medical Sciences, Beijing:
"Immunizing Activity of AL(OH)3 Absorbed Anthrax Protective Antigen and the Vaccination Reaction in Man"]

[Summary] AL (OH)3 absorbed anthrax protective antigen vaccine was prepared by the authors and its immunizing activity assayed by subcutaneous injection of virulent B. anthracis spores in rabbits and monkeys to produce survival rates of 95 and 87 percent respectively. The protective activity was found to persist for one year and the vaccine was found to remain active after 2.5 years of storage under 4-8°C. In a separate study with 88 human volunteers, the vaccine was observed to produce no systemic reactions while localized edema, headaches, stuffy nose, feeling of weakness, a slight elevation of temperature, etc., were found to be mild reactions of very short duration. The vaccine is thus judged to be safe for human use and its extension recommended.

This paper was received for publication in June 1983.

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CSO: 5400/4114

ARBOVIRUS ANTIBODY SURVEY

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 4 No 5, Oct 83 pp 263-266

[Article by Chen Boquan [7115 0130 5425] et al. of Institute of Virology, Chinese Academy of Medical Sciences: "Arbovirus Antibody Survey of Human Sera in China"]

[SUMMARY] Hemagglutination inhibition tests were carried out with 347 specimens of human serum collected from all of China's provinces, cities, and autonomous regions except Xizang and Taiwan, against 18 arbovirus antigens (supplied by agencies of the United States); 69.7 percent of the sera were found to be positive for one or more antigens while 30.3 percent were negative for all 18 antigens. The results indicate that group B arbovirus, especially JE, are prevalent in China. Kunjin and Zika are found, for the first time, to be highly prevalent, especially in Xinjiang and Qinghai. Those of the group A are less prevalent but the positive rate remains 16.7 percent. The Bunyamwera supergroup is a first time discovery in China. Ainovirus antibodies are found in 80 percent of the human sera collected from Heilongjiang Province. In addition to JE, DEN, RSSE; therefore, there are perhaps in China other arboviruses of the group B, as well as those of the group A and the Bunyamwera supergroup.

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CSO: 5400/4109

BRIEFS

SUCCESSFUL RESEARCH ON HEPATITIS B IMMUNOGLOBULIN--A new innoculation preventing the transmission of hepatitis B from mother to infant--immunoglobulin for hepatitis B--is being successfully produced by the Shanghai Institute of Biological Products of the Department of Public Health in collaboration with the Shanghai First Medical College. The product has recently passed the appraisal conducted in Shanghai. The immunoglobulin has been tested by clinic use at the public health and epidemic prevention stations of the Yangpu and Xuhui regions of Shanghai with good results in preventing the transmission of hepatitis B from mothers to their infants. The newborn protection rate has reached 61.2 percent. The drug can also be used to protect medical personnel from occasional infection from handling the blood or blood products of hepatitis B patients. Concerned specialists regard the research result as an effective measure for halting mother-infant transmission of hepatitis B. The research institute is preparing to put the new invention into production. [Text] [Beijing JIANKANG BAO in Chinese 10 Jul 83 p 1] 12453

CSO: 5400/4102

BRIEFS

BUBONIC PLAGUE, TETANUS DEATHS--Chiclayo--The outbreak of bubonic plague in the town of Udima (Cajamarca) has claimed 11 victims up to now, but no quarantine has yet been declared and no immediate sanitary measures have been ordered as demanded by the townspeople. Simon Cueva Ramos died yesterday in Las Mercedes Hospital in Chiclayo, a victim of the bubonic plague rampant in the Udime cooperative. In the meantime, it was learned that the Ministry of Health has initiated an anti-rat campaign to eradicate the terrible disease. The inhabitants of Cajamarca have been demanding that the health authorities quarantine the infected region. Carlos Chirinos, epidemiologist at Las Mercedes Hospital, has said that a careful check had been made of medical and paramedical personnel of this hospital because of their probable contagion through contact with Simon Cuevas. Elsewhere, it was reported that in view of the negligence of the authorities in the Lambayeque health region in combatting the recent epidemic of tetanus which broke out in La Merced Hospital, the health workers of that institution have been calling for the immediate intervention of the duty provincial district attorney. The disease, generated by obsolete instruments and the lack of adequate sterilization equipment, recently claimed its first victim, while one other person is near death. [Excerpt] [Lima EL DIARIO MARKA in Spanish 7 Dec 83 p 8] 8143

CSO: 5400/2028

BRIEFS

SLEEPING SICKNESS, TETANUS--TSE-TSE flies, the carriers of sleeping sickness, a killer disease, are fast spreading over Jinja District. The flies have virtually invaded the municipality. The officer in charge of sleeping sickness in Jinja District, Mr S. Ibanda reported this to members of the district team and planning committee recently. He said lack of transport has contributed to failure of his department to combat the spreading of the flies. Council members asked the people to clear all bushes around their homes where the flies bred. The District Commissioner, Mr Okot-Chono offered the department transport immediately. Meanwhile, there have been reports from the health department in Iganga that there is an outbreak of tetanus in the area. A number of children and pregnant women have been admitted to Iganga Hospital suffering from the disease. Iganga District health visitor Miss Robina Kiwanuka appealed to all women to take their children for immunisation against the disease. [Opar Angala] [Text] [Kampala UGANDA TIMES in English 29 Nov 83 p 3]

CSO: 5400/50

TWO HOSPITALS CLOSE MEDICAL SCHOOLS; MORE SPACES NEEDED

London THE DAILY TELEGRAPH in English 10 Nov 83 p 8

[Article by John Izbicki]

[Text] TWO of the country's oldest hospitals--St Bartholomew's, founded in 1123, and The London Hospital, opened in 1740--are to lose their medical schools.

Bart's Medical School and the London Hospital Medical School are to merge and move to join Queen Mary College in the East End.

The move has the blessing of the University Grants Committee because it conforms with the philosophy contained in Lord Todd's report on London University.

The report said that medical education should be conducted in a "multi-disciplinary environment."

Queen Mary College can certainly offer variety. Its degree courses for 3,000 students range from aeronautical engineering to zoology, from English, German and history to politics, law and pure mathematics.

'Strength in Size'

The move also has the support of Prof Randolph Quirk, London University's vice-chancellor, who sees it as not only the saving of London's medical education but also its strengthening.

He said yester "This brings to a head a debate that has been going on for the past 10 y. Our most precious medical schools would have been picked off one by one as a result of their sheer isolation and cuts in funds."

And he added: "There's strength in size. London's 12 medical schools admitted about 100 students each per year. The ideal intake is double that."

London produces almost one-third of the nation's doctors and the latest merger --code-named B L Q (Bart's, London, Queen Mary's)--will reduce the dozen schools to only seven.

Another merger of major proportions will involve Queen Elizabeth College, Chelsea College and King's College in the Strand. A joint site has still to be decided.

The only three major hospital medical schools to remain intact as independent units in London are the Royal Free, St George's and St Mary's schools.

CSO: 5400/7518

GOVERNMENT PLANS RESTRICTIONS ON FOREIGN DOCTORS

London THE DAILY TELEGRAPH in English 22 Nov 83 p 6

[Article by David Fletcher]

[Text] CONTROLS to restrict the number of overseas doctors working in Britain and the length of their stay are being planned by the Department of Health, it was disclosed yesterday.

It is considering a sponsorship scheme, first proposed by the Overseas Doctors Association and backed by the British Medical Association, requiring such doctors to return home once they had completed their National health Service training.

The aim is to match the number of overseas doctors with the number of posts available and to ensure that they are appointed to jobs which lead to recognised qualifications.

The scheme's introduction is regarded as urgent by home and overseas doctors alike because of the failure of an earlier plan, introduced four years ago.

Limited Registration

Under that scheme overseas doctors are free to work in Britain without a work permit provided they have a recognised qualification and passed a language test.

But they are given only limited registration for five years during which they are expected to gain posts as hospital registrars for at least two years to qualify for full registration.

Increasing competition for jobs has meant many have not been able to get registrars' jobs and face having to go home without the qualifications or cease practising as doctors if they remain in Britain.

The Department of Health estimates that 300 such doctors will find themselves in that dilemma next year when the five-year cut-off point arrives.

Dr Krishna Korlipara, secretary of the Overseas Doctors Association put the figure at more than 600 and said that many doctors felt very bitter about the choice before them.

"They came here in the expectation that they would be able to fill posts which provided proper training but so often they have had to take posts in which they were just used as a pair of hands."

"They came here in the expectation that they would be able to fill posts which provided proper training but so often they have had to take posts in which they were just used as a pair of hands."

CSO: 5400/7518

BRIEFS

CATTLE DISEASE OUTBREAK--SERAJGANJ, Dec. 5: Hoof disease of cows has broken out in some villages under Ullapara and Raiganj upazila. The disease may hamper cultivation of lands in the affected areas as the diseased cattle cannot plough the lands. Solanga, Basudevkole Janjalipara under Raiganj and Boroganj, Chotoganj Masuakandi Varmahani Mahikdar under Ullapara upazila are the badly affected areas. It may be mentioned that the people of the locality mostly depend upon the village quacks and Kavirajes for treatment of cattle diseases. [Text] [Dhaka THE BANGLADESH TIMES in English 6 Dec 83 p 2]

CSO: 5400/7064

BRIEFS

ANTHRAX PREVENTIVE MEASURES--UDHAGAMANDALAM, Dec. 1. Mr. N. Athimoolam, Collector of Nilgiris, has instructed the authorities to prevent an outbreak of anthrax in an epidemic form. Two full-grown elephants at the Mudumalai sanctuary died of the disease, also known as spleenic fever, in September and October and a few cows near Vazhathottam fell victim to the disease. The areas, where the animals fell to anthrax and the bodies had been buried under layers of lime and earth, had been cordoned off and the people, mostly tribals living nearby, had been warned of the danger and had been vaccinated. They had also been asked to bring to the notice of the authorities any death, either of human beings or animals, of mysterious causes. According to veterinarians, anthrax is an acute bacterial disease, caused by 'bacillus anthrasis' and it causes enlargement of the spleen and it is curable among domestic animals. The main source of infection is the remains of the infected carcasses. Among human beings it can be contracted by handling the hides of the dead animals and using cheap shaving brushes made of the hair of anthrax-infected animals. The bacterial spores remained in the soil permanently. According to Mr. J. Mangalraj Johnson, Wildlife Warden, Udhagamandalam, there had been an anthrax epidemic in the hilly North Cachar region of Assam in 1949, which claimed the lives of 150 elephants. [Text] [Madras THE HINDU in English 2 Dec 83 p 7]

CSO: 5400/7059

BRIEFS

FOOT-AND-MOUTH DISEASE--The Hague, 2 Jan--Foot-and-mouth disease has broken out at a dairy farm in the central Netherlands and the Dutch Agriculture Ministry has banned transport from the area. A ministry spokesman said examinations had so far confirmed that two calves at the farm at Nagele, in the Noordoostpolder, were contaminated with the disease. Two other dairy farms and one livestock farm in the closed area, which also included the Flevoland region, were also being examined, he said. Calves, cows and pigs at the four farms had been slaughtered. The Netherlands last had cases of foot-and-mouth disease, an acutely contagious infection of the mouth and feet of cloven-footed animals, in 1977 in the southern province of Limburg. [Text] [The Hague ANP NEWS BULLETIN in English 3 Jan 84 p 5]

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